

CARRIAGE PLACE 2015 BASKETBALL

6-7 YR. DIVISION _____ 8-9 YR. DIVISION _____

10-11 YR. DIVISION _____

****PLEASE CHECK THE AGE DIVISION YOUR CHILD WISHES
TO PLAY IN FOR THE UPCOMING SEASON!****



THE CITY OF
COLUMBUS
MICHAEL B. COLEMAN, MAYOR

**RECREATION AND PARKS
DEPARTMENT**

CHILD'S

NAME _____ **PHONE** _____

ADDRESS _____

CITY _____ **ZIP CODE** _____

SCHOOL _____ **GRADE** _____

BIRTHDATE: MONTH _____ **DAY** _____ **YEAR** _____ **AGE AS OF 8-1-14** _____

SPECIAL REQUESTS: _____

***WE CANNOT GUARANTEE THESE REQUESTS!**

SHIRT SIZE: **YXS** **YS** **YM** **YL** **AS** **AM** **AL** **AXL**
(PLEASE CIRCLE)

THE ABOVE MENTIONED HAS MY PERMISSION TO PARTICIPATE IN ALL ACTIVITIES OFFERED BY THE COLUMBUS RECREATION & PARKS DEPT. IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN THESE ACTIVITIES, I AGREE TO HOLD THE COLUMBUS RECREATION & PARKS DEPT., ITS OFFICERS, COACHES, VOLUNTEERS, AND SPONSORS FREE AND HARMLESS FROM INJURY OR DAMAGE TO PROPERTY SUSTAINED BY PARTICIPATION THAT RESULT FROM OPERATION OF THIS PROGRAM. FURTHERMORE, I AUTHORIZE THE COLUMBUS RECREATION & PARKS DEPT. OFFICERS, COACHES, AND VOLUNTEERS TO TAKE ALL NECESSARY STEPS TO INSURE MY CHILD'S HEALTH AND SAFETY IN CASE OF EMERGENCY. I ALSO UNDERSTAND THAT INJURIES ARE A NATURAL PART OF THE GAME AND MAY OCCUR UNDER NORMAL PLAYING CONDITIONS. ****SEE BACK FOR CONCUSSION ACKNOWLEDGEMENT FORM****

NAME(S) OF PARENT/GUARDIAN _____

****PLEASE PRINT CLEARLY AND LEGIBLY!**

PARENT E-MAIL ADDRESS _____

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

PARENTS, WE ARE LOOKING FOR A FEW
GOOD COACHES FOR THIS LEAGUE. IF YOU
ARE INTERESTED IN COACHING, PLEASE FILL
OUT THIS BOX! THANKS!

NAME _____

PHONE _____

E-MAIL _____

FEE: \$60 PER CHILD
CASH OR CHECK
PAYABLE TO: CARRIAGE PLACE CRC

RECEIPT #: _____

CHECK #: _____

DATE PAID _____